

STATE OF MONTANA
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION

NOTICE OF COMPLETION
OF CHANGE OF APPROPRIATION WATER RIGHT
Field Report



INSTRUCTIONS: Use this form to report the completion of an Authorization to Change Appropriation Water Right. This form must be filed on or before the deadline date on the authorization or authorized extension of time. If the project is not completed, file an Application for Extension of Time 30 days before the authorization deadline date; otherwise the authorization is void. For complete instructions, read "Instructions for Notice of Completion of Change of Appropriation Water Right."

A. GENERAL INFORMATION

1. **AUTHORIZATION NO.** _____
2. Owner _____
Mailing Address _____ Telephone No. _____
City _____ State _____ Zip _____
3. Field Examiner _____ Profession _____
Mailing Address _____ Telephone No. _____
City _____ State _____ Zip _____
4. Field Investigation Date _____

B. CHANGE AUTHORIZED

- ☐ Point of Diversion (Complete Section C) ☐ Purpose of Use (Complete Section E)
☐ Place of Use (Complete Section D) ☐ Place of Storage (Complete Section F)

C. FOR CHANGE IN POINT OF DIVERSION

The new point of diversion: ☐ replaces OR ☐ is in addition to the old point of diversion.

1. NEW Point of Diversion

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

2. OLD Point of Diversion if Replaced by the New Point of Diversion

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

D. FOR CHANGE IN PLACE OF USE

1. NEW PLACE OF USE FOR **IRRIGATION**

ACRES	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	COUNTY

_____ TOTAL ACRES Subdivision Name _____

2. ACRES **NO LONGER IRRIGATED**

ACRES	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	COUNTY

_____ TOTAL ACRES Subdivision Name _____

3. NEW PLACE OF USE FOR **NON-IRRIGATION** PURPOSES

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

4. OLD PLACE OF USE FOR **NON-IRRIGATION** PURPOSES

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

E. FOR CHANGE IN PURPOSE OF USE

1. NEW Use _____
Rate _____ gpm/cfs Volume _____ acre-feet
- NEW Use _____
Rate _____ gpm/cfs Volume _____ acre-feet

Describe New Use (no. of families for domestic, no. of head of stock, no. of acres, etc.)

2. OLD Use _____
Rate _____ gpm/cfs Volume _____ acre-feet
- OLD Use _____
Rate _____ gpm/cfs Volume _____ acre-feet

E. FOR CHANGE IN PLACE OF STORAGE

- ## 1. NEW Storage

Attach an engineering survey, an "SCS As Built" survey, or complete the formula below with current measurements of the reservoir or pit as it was built.

Dam: Surface Area _____ X Maximum Depth _____ X 0.4 = _____ AC-FT
(acres) (at dam) (feet) (capacity)

Pit: Surface Area _____ X Maximum Depth _____ X 0.5 = _____ AC-FT
(acres) (feet) (capacity)

- ## 2. NEW Place of Storage

[illegible]

Subdivision Name _____

- ### 3. OLD Place of Storage

[illegible]

Subdivision Name _____

G. AUTHORIZATION TO CHANGE CONDITIONS OR LIMITATIONS

Explain how each of the conditions of the permit have or have not been met.

H. MAP AND PHOTOGRAPHS

Attach a copy of aerial photo or USGS Quadrangle showing the following:

- Section Corners and Numbers
- Township and Range Numbers
- Point of Diversion (old and new)
- Place of Use (old and new)
- Place of Storage (old and new)

Photographs of your changed diversion, place of use, place of storage, or purpose of use will help document the completion and operation of your project. If photos are submitted, label them with the following information:

- Authorization Number
- Date photo taken
- Name of photographer
- Subject of photo (point of diversion, etc.)

I. COMMENTS

J. CERTIFICATION

The above information is a true statement of the extent the project was developed.

Date

Field Examiner's Signature



Subscribed and sworn before me this _____ day of _____, 19 ____

Notary's Signature _____

Notary for the State of _____

Residing at _____

My Commission Expires _____

K. AUTHORIZATION HOLDER (sign only if the person signing the certification is not the authorization owner)

I have reviewed these findings and submit this Notice of Completion to the Department.

Date

Signature

SUBMIT THE COMPLETED FORM TO YOUR WATER RESOURCES REGIONAL OFFICE LISTED IN THE INSTRUCTIONS.